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UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 02/2015)				TRANSCRIPT ORDER Please use one form per court reporter. CJA counsel please use Form CJA24 Please read instructions on next page.							COURT USE ONLY DUE DATE:				
1a. CONTACT PERSON FOR THIS ORDER 2a. C				a. CONTACT PHON	CONTACT PHONE NUMBER					3. CONTACT EMAIL ADDRESS					
1b. ATTORNEY NAME (if different) 2b. A				b. ATTORNEY PHO	ATTORNEY PHONE NUMBER					3. ATTORNEY EMAIL ADDRESS					
4. MAILING AD		5. CASE NAME						6. CASE NUMBER							
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ ☐ FTR									rma pauperis (NOTE: Court order for transcripts must be attached) not use this form; use Form CJA24.						
9. TRANSCRIPT	T(S) REQUESTED (S	Specify portion	n(s) and date(s) of proceed	eding(s) for which to	ranscript is r	requested), fo	rmat(s) & qua	ntity and de	livery type:						
a. HEARING(S) (OR PORTIONS OF HEARINGS) b.					SELECT FORMAT(S) (NOTE: ECF access is include with purchase of PDF, text, paper or condensed.)				d c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full heari specify portion (e.g. witness or ti	PDF ng (email) ne)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	DAILY (Next day)	HOURLY (2 hrs)	REALTIME	
				0	0	0	0	0	0	0	0	0	0	0	
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				0	0	0	0	0	0	0	0	0	0	0	
10. ADDITIONA	10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:														
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional). 11. SIGNATURE										12.	DATE				
DISTRIBUTION:			COURT COPY	0	FRANSCRIPTION COPY				🗖 ORDER RE	CEIPT	☐ ORDER COPY				